## State of South Dakota **Statement of Financial Interest Candidate for Public Office**

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File statement in the office where your nominating petition or convention nomination certification was filed.

Please read information on reverse side before completing this form.	
1. Name Scott W. Ecklund, Mi	<u> </u>
2. Address 48217 265th Street	Brandon, SD 51005
3. Office Sought <u>SD</u> House of Represen	ntatives District 25
4. What is your occupation/profession? Physician	)
5. List any enterprise which accounted for more than ten percent of, or contributed more than \$2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise.	What is the nature of your immediate family's association with each? The value of the financial interest need not be reported.
Sycamore Clinic Sanford Health System	Scott - employee
A R Anderson Southway Corporation (	spouse) Alison - shareholder, board of director
Western Avenue Associates, LC (	spouse) Alison - associate
Fair Oaks LLP (s	spouse) Alison - limited liability partner
Anderson Children's Trustile  6. List any enterprise in which you, your spouse or minor children living at home control more than ten percent of the capital or stock. Identify who has the ownership interest in each enterprise.	Ponse) Alison ScottをAlison(sponse) What is the nature of your immediate family's association with each?
The Ideal Weigh To LVCLLP	Scott -50% Alism 50%
Fair Oaks, LLP	Alison-spouse 25%
Anderson Children Trust LLC	Alison-sponse 25%
Western Avenue Associates, LLC A 12 Anderson Southway Corporation	Alison Sponse 33,33% Alison-Sponse approximately 8-10%
State of South Dakota ) SS.	Verification
County of Minnehaha	Vermodion
my financial interests for the preceding calendar year.	tion reported is a complete, true and accurate representation of
(Signe	ed) from W. Emline
Sworn to before me this 100 day of Ppnl	, 20,12
(Seal) SARAH LAMBERT	Officer Administering Oath
Revised 1997  Revised 1997  NOTARY PUBLIC SOUTH DAKOTA	My commission expires:
+control of the control of the contr	My commission expires: